

Missouri State Library
APPLICATION FOR STATE AID GRANT
Consolidated Library Districts

Date: _____ County: _____

County: _____ County: _____

FISCAL YEAR OF THIS REPORT: From _____ to _____

1	Name of Library taxing district:	
2	If library is part of a regional library, please give name:	
3	Name of Librarian:	
4	Address of library's main office (street address, P.O. Box, city, zip code) :	
5	Date of consolidation:	
6	Phone number:	
7	Amount of State Aid funds received during fiscal year of this report: \$ (Do NOT include Equalization or Athlete & Entertainer tax funds received.)	
8	How were these funds expended?	
	THE FOLLOWING TO BE COMPLETED BY CERTIFYING OFFICIAL:	
9	Official population of consolidated library district (2000 U.S. Census figure will be provided by State Library).	XXXX
10	Total assessed valuation of consolidated library district for the fiscal year of this report.	\$
11	Actual consolidated library district tax rate set by the Library Board and levied during fiscal year of this report (on \$100 valuation).	\$
12	Library tax income for the fiscal year of this report (report actual amount <u>COLLECTED</u> on assessed valuation and include delinquent and intangible taxes):	
	County:	\$
	County:	\$
	County:	\$
13	Consolidated library district tax rate when consolidated:	\$
14	Consolidated library district tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report:	\$
15	Most recent voted consolidated library district tax rate as approved by voters.	\$
16	If Line 11 is less than \$.10, or less than the amount reported on Line 13 or Line 14, state the reason for the reduction: ____ Reduction due to Hancock rollback ____ Voluntary reduction determined by Library Board ____ Other (please state):	
17	CERTIFICATION (by County Official) I certify that the information I have reported above is true and correct.	
	County	Signature, Title and phone number of County official providing information
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CERTIFICATION (by Library Officials):

We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.

We fully understand that State Aid to public library funds is reported as state matching funds by the Missouri State Library to qualify for federal grant monies, and therefore, may not be reported by an individual library as matching funds for any other federal grant.

Librarian

Treasurer of Library Board*

*Please see instructions if anyone other than the Treasurer signs this form!

NOTARY:

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires _____

Notary Public

DEADLINE: Applications must be signed, notarized, and postmarked on or before June 30, 2003, to be eligible for State Aid during the current fiscal year. Faxed applications will NOT be accepted. We recommend certified mail or any other means that will give your proof of date sent.

Mail to:

State Aid Application
Carolyn Baker, Library Administration Consultant
Missouri State Library
600 West Main Street, P.O. Box 387
Jefferson City, MO 65102-0387